



**Bart L. Graham**  
Commissioner

**State of Georgia**  
**Department of Revenue**  
**Motor Vehicle Division**  
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**Douglas Hooper**  
Director

**Authorization to Apply for a Regular Issue License Plate Following the Reinstatement of Driving Privilege**

**Section I. Suspended Driver's Information**

_____	_____
(Full Legal Name)	(Date of Birth)
_____	
(Address Including City, State & Zip)	
_____	_____
(Driver's License Number)	(Special License Plate Number)
_____	
(Telephone Number Including Area Code)	

**Section II. Vehicle & Insurance Information**

_____	_____	_____	_____
(Year & Make Vehicle)	(Model Name or Number)	(Color)	(Vehicle Identification Number – VIN)
_____		_____	
(Insurance Company's Name)		(Policy Number)	
Period of Coverage: from _____ thru _____			
(From Date) (Thru Date)			

**Section III. Signature of Applicant and Confirmation of Reinstatement of Driving Privilege**

I hereby certify that the special license plate issued for the above-referenced vehicle pursuant to §40-2-136 of the OCGA will be surrendered to the County Tag Agent at the time that I apply for a regular issue license plate. I further acknowledge that I must provide proof of valid insurance to the Tag Agent at the time that I make application for a regular issue license plate, and the vehicle must be eligible for registration pursuant to §40-2-26(d) of the OCGA.

\*I have attached the required certified copy of a Georgia Motor Vehicle Report that is provided by the Georgia Department of Drivers Services.

_____	_____
(Applicant's Signature)	(Date)

The driving privilege and/or driver's license of the above-named driver have been reinstated, and he/she now is eligible to apply for a regular issue license plate for the above-referenced vehicle pursuant to §40-2-136(c)(4) of the OCGA.

**DOR SEAL**

_____	_____
(Authorized Department of Revenue Signature)	(Date)